

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/574,264
	Filing Date	March 31, 2006
	First Named Inventor	Philip John
	Art Unit	N/A
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	21107/0207506-US0

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 07278

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

07278

OR

☐ Firm or
Individual Name

Address

City

Country

Telephone

State

Zip

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.